Effective on 12/08/2004.					Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						· · · · · · · · · · · · · · · · · · ·		
FEE TRANSMITTAL					Application Number 10/552,5			
For FY 2009					g Date			
TOT 1 2009					Y 1 YZ			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Jack K Art Unit 2612		valig	
TOTAL AMOUNT OF PAYMENT (\$) 65,00						3135 - 05	53021	
					Attorney Docket 3135 - 053021			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES					EXAMINA'	XAMINATION FEES		
Small Entity Smal							* 1 (0)	
Application Type		Fee (\$) 82	Fee (\$) 540	<u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	Fees Pa	<u>iid (\$)</u>
Utility	330						No. 200 - 10	
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85	***************************************	
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description Fee (\$)								Fee (\$) 26
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220								110
1	iding Keissue			390	195			
Multiple dependent cla	20 or HP	Extra Clai	me F	ee (\$)	Fee Paid (\$)			pendent Claims
10tai Ciainis -	<u> </u>	EXITA CIAI	<u>т</u> х	=	:		Fee (\$)	Fee Paid (\$)
HP = highest number of	total claims paid	for, if greater th						
Indep. Claims -	3 or HP	Extra Clai	ms <u>I</u>	Fee (\$)	Fee Paid (\$)			
•		-	x					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.								
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x =								ree raid (b)
								Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								1244
Other (e.g., late filing surcharge): One-month Extension								65
SUBMITTED BY	71				Registration No.			
Signature (Attorney/Agent) 34,219 Telephone 412								2-471-8815
Name (Print/Type) John W. McIlvaine							Date June 29, 2009	